#### NONPROVISIONAL PATENT APPLICATION

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Attorney Docket No.: 116168

Date: October 28, 2003

# MAIL STOP PATENT APPLICATION

Customer Number: 25944

NONPROVISIONAL APPLICATION TRANSMITTAL **RULE §1.53(b)** 

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title):

SYSTEMS AND METHODS FOR QUALIFYING EXPECTED LOSS DUE TO

CONTINGENT DESTRUCTIVE HUMAN ACTIVITIES

By (Inventors):

E. DeVere HENDERSON, Timothy P. COFFIN

$\boxtimes$	Formal drawings (Figs. 1-7; 7 sheets) are attached.
	Use Figure 2 for front page of Publication.
	A Declaration and Power of Attorney is filed herewith.
$\boxtimes$	This application claims benefit of Provisional Application No. 60/474,931 filed June 3, 2003.
	(A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)
$\boxtimes$	This patent application is assigned to RISK ASSESSMENT SOLUTIONS, LLC.
	The executed Assignment is filed herewith.
	An Information Disclosure Statement is filed herewith.
$\square$	Entitlement to small entity status is hereby asserted.
Ħ	A Preliminary Amendment is filed herewith.
Ħ	Priority of foreign application(s) No filed in is claimed (35 U.S.C. §119).
_	A certified copy of the above corresponding foreign application(s) is filed herewith.
	This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that
ш	the invention disclosed in this application has not been and will not be the subject of an application filed in another
	country, or under a multilateral international agreement, that requires publication at eighteen months after filing.
$\boxtimes$	The filing fee is calculated below:
$\sim$	The thing fee is calculated below.

## CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE

FOR:	NO. FILED	NO. EXTRA		
BASIC FEE				
TOTAL CLAIMS	21 - 20	= 1*		
INDEP CLAIMS	3 - 3	= 0*		
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED				

<sup>\*</sup> If the difference is less than zero, enter "0".

SMALL ENTITY				
RATE	FEE	<u>OR</u>		
	\$ 385	<u>OR</u>		
x 9=	\$ 9	<u>OR</u>		
x 43 =	\$	<u>OR</u>		
+ 145 =	\$	<u>OR</u>		
TOTAL	\$ 394	<u>OR</u>		

## OTHER THAN A SMALL ENTITY

FEE	
\$ 770	
\$	
\$	
\$	
\$	

Check No. 147767 in the amount of \$394.00 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

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Gang Luo

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